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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 09/322,411 05/28/1999 PAT 6,578,203
and is a CIP of 09/386,613 08/31/1999
and claims benefit of 60/240,129 10/13/2000

yes M

** FOREIGN APPLICATIONS *****

none M

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/12/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY GA	SHEETS DRAWING 4	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials			

ADDRESS

24504

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TITLE

Electronic handheld audio/video receiver and listening/viewing device

FILING FEE RECEIVED 623	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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